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FOUNDED 1890

PATENT, TRADEMARK, COPYRIGHT  
AND RELATED MATTERS; ALL PHASES  
INCLUDING LICENSING AND LITIGATION

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TOTAL PAGES (Including Cover Page) \_\_\_\_\_ DATE: March 7, 2006

Commissioner of Patents and Trademarks

TO: Examiner G. Dawson FROM: Raiford A. Blackstone, Reg. No. 25,156FAX NO: (571) 273-8300 FAX NO: (312) 704-8023*If you experience any difficulty with this transmission, please call (312) 704-1890 for assistance.***ORIGINAL COPY AND ENCLOSURES**

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**NOTES:**

Inventor: Seakins et al.  
For: BREATHING ASSISTANCE  
APPARATUS  
Serial No.: 10/686,460  
Filed: October 15, 2003  
Art Unit: 3731  
Atty Docket No.: 1171/39624D/92D

**CERTIFICATION OF FACSIMILE TRANSMISSION**

I hereby certify that this paper is being facsimile transmitted to the Patent and Trademark Office to fax number (571) 273-8300 on March 7, 2006.

  
Johanna E. Cronin

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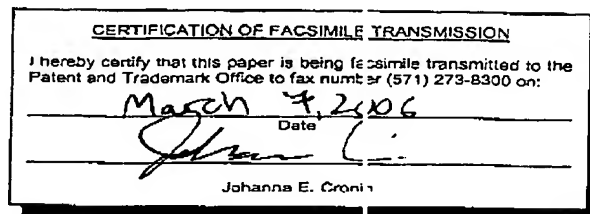
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FORM PTO-1083

Case Docket No. 1171/39624D/92D

In re application of:

Serial No.: 10/686,460  
 Filed: October 15, 2003  
 For: BREATHING ASSISTANCE APPARATUS  
 Applicant: SEAKINS; THUDOR and SMITH  
 Attorney Docket No.: 1171/39624D/92D



COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an "AMENDMENT" for the above-identified application.

The filing fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)
	Claims Remaining After Amendment		Highest No. Previously Paid for	Present Extra
TOTAL	* 22	MINUS	** 24	0
INDEP.	* 1	MINUS	** 3	0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

SMALL ENTITY	
Rate	Addit. Fee
x 25 =	\$ .00
x 100 =	\$ .00
+ 180 =	\$ .00
TOTAL	
ADDIT. FEE	\$ .00

OR

OTHER THAN A SMALL ENTITY	
Rate	Addit. Fee
x 50 =	\$ .00
x 200 =	\$ .00
+ 360 =	\$ .00
TOTAL	
	\$ .00

OR

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 20-1495 in the amount of \$ \_\_\_\_\_. A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \_\_\_\_\_ to cover the filing fee is also enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 20-1495. A duplicate copy of this sheet is enclosed.
- ☒ Any filing fees required under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17

Dated: March 7, 2006

Raiford A. Blackstone, Jr. Reg. No. 25,156  
 Linda L. Palomar, Reg. No. 37,903  
 Attorneys of Record

FORM PTO-1083

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Dated: March 7, 2006

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Linda L. Palomar, Reg. No. 37,903  
 Attorneys of Record

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Applicant: SEAKINS, THUDOR )  
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APPARATUS )  
Examiner: G. DAWSON )  
Art Unit: 3731 )  
Confirmation No. 7799 )  
Attorney Docket No.: )  
1171/39624D/92D )

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March 7, 2006
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Johanna Cronin

AMENDMENT

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Responsive to the Office Action dated December 8, 2005, having a shortened statutory date for response set to expire on March 8, 2006, kindly amend the above-identified patent application as follows: